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AUTHOR Gordon, Margaret T.; And Others
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ABSTRACT

The effect of a televised investigative news report on opinions of members of the general public, interest group elites, and governmental policy makers and on eventual public policy was studied. By collaboration with an investigative news team, the researchers learned in advance of the subject and air time of an "NBC News Magazine" segment investigating fraud and abuse in federal home health care programs. The study was aimed at discovering if this program influenced the public policy agenda by making such fraud and abuse in health care more important, causing a shift in priorities. Results indicate that media presentations do influence general judgments of problem importance among the public. The presentation influenced governmental policy makers but not interest group elites by altering their perception of the issue's importance, their belief that policy action was necessary, and their perception of the public's view of issue importance. Although the program was found to have an impact on policy, it was not the actual airing of the program or resulting public pressure on legislative representatives which created the policy outcome, but rather the active collaboration between journalists and policy makers in the ongoing process of the media investigation. (Author/LMM)

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# Media Agendas: The Impact on Citizens and Policy Makers

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Margaret T. Gordon
Fay Lomax Cook
Tom Tyler
David Protess

Center for Urban Affairs and Policy Research *
Northwestern University, Evanston, Illinois

and

Harvey Molotch
University of California at Santa Barbara
Santa Barbara, California

Paper presented at the Urban Affairs Association Annual Meeting, Philadelphia, April 14-17, 1982.

* Gordon is also jointly appointed at Northwestern's Medill School of Journalism and Department of Sociology, Cook in the School of Education, Tyler in the Department of Psychology, and Protess in the Medill School of Journalism. Molotch is in the Department of Sociology at UCSB.

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## Introduction

There is a growing body of research examining the media's capacity to shape the general public's policy priorities by making certain issues more salient (see review of literature in Roberts and Bachen, 1981). There are far fewer attempts to understand how the media helps to shape the policy agendas of decision makers (Lambeth, 1978; Blanchard, 1978). And there are, to our knowledge, almost no empirical studies which examine how the same media presentation shapes the problem perceptions of both the general public and policy makers or how that presentation is related to subsequent policy. The purpose of this paper is to describe the results of an exploratory study which examined the effect of a televised investigative news report on members of the general public, interest group elites, governmental policy makers, and policy.

The context of this paper is a long-standing effort to understand the impact of the mass media on society. Past research efforts in this field have yielded mixed results - with strong media effects indicated by some scholars and no effects indicated by others (e.g. Hoveland, Janis and Kelley, 1953; Klapper, 1960; Comstock, et al., 1978; Gerbner and Gross, 1976).

The prevalence of negative results has led some scholars (e.g., Krauss and Davis, 1976; Key, 1961) as well as journalistic participants (e.g., Michelson, 1972) to doubt that media have any direct effect on the political-policy process at all. Since strong, clearcut effects are relatively infrequently reported, there is a general interpretation that the media have little effect and that they merely reflect society, rather than acting as a dynamic force involved in shaping outcomes. Yet this conclusion is counterintuitive for many others, especially elected officials, who

often view the media as crucial to the outcome of the political process.

In their efforts to call attention to a "second face of power" Bachrach and Baratz (1970) have stressed the existence of forces---including media attention---that determine which issues will generate public discussion and which will not. McCombs and Shaw (1972) have called this role of media at least in the political sphere the "agenda-setting function" of the press and stress that the power of media is to determine not so much what we think, but what we think about. The assumption is that increased general media attention to an issue is related to subsequent assessments by citizens indicating that the issue has become more important in their eyes.

In this paper, we consider the capacity of a single media message both to influence the degree of importance attached to the issue by citizens and policy makers, and to shift their priorities about that issue relative to other issues. This conceptualization implies a causal connection between the publication of a news story, attitude change among consumers of the information, and policy agendas. That is, this paper reports an attitude-change study which has consequences for agenda-setting and, perhaps, for agenda-setting research.

The ideal research design to test causal hypotheses about the agenda-setting capacity of the press as conceptualized in this manner would be an orthodox pretest-posttest experimental design utilizing a control group which has not been exposed to the media event. The best design, we would argue, would be a randomized experimental design with both pretest and posttest measurement so as to check on the comparability of the experimental and control groups and to increase statistical power. Such designs have heretofore not been feasible since journalists guard their stories

carefully and researchers cannot know in advance what will apppear in the papers or on television news.

Due to an unusual collaboration with a team of investigative reporters, we were able to learn in advance the content of an investigative news report aired in an 18-minute segment on a major television network during prime time. In this paper we report the results of our attempt to measure the impact of that investigative report on both the general public and policy makers, and on eventual policy impact.

## Research Design

The distinctive feature of this research was made possible by the collaboration of the researchers with a team of investigators from Chicago's Better Government Association (BGA) and NBC. Six months before the airing of the particular investigative report studied here, the reporters told the researchers the story they were exploring, explained why the issue was chosen, discussed the process of the investigation, and promised that all in-house memoranda and records would be available to researchers. They also informed the researchers of the date on which the report would air. Thus, it was possible for researchers to know in advance the content of the investigative report and to know when it would air so that surveys of the opinions of viewers could be collected both before and after the news media event. Moreover, due to the unusual extent of collaboration, the researchers were able to study the entire life course of an investigative story from its conception to its eventual impact.

An interdisciplinary team of sociologists, political scientists, and communication researchers trained in ethno-methodology and communication theory concentrated on how the issue was chosen and developed in order to create an 18-minute television segment. A second team of psychologists and policy analysts studied the immediate and delayed impact of the program on the general public and relevant decision makers. A third group of political scientists and policy analysts evaluated the policy changes that could be attributed to the media investigation. In this paper, we will limit our discussion to the impact of the investigative report on the public, policy makers and policy.

The media program which formed the basis for this experimental test was an eighteen-minute segment ("Home Health Hustle") of the hour-long national television program "NBC News Magazine with David Brinkley." The segment presented the results of an extensive investigation of fraud and abuse in the federally-funded home health care program. (Home health care programs are those which provide a range of services within the client's own home--for example, meal preparation, health care, and physical therapy.) The fraud portrayed involved overbilling for services, use of poor quality equipment, and the failure to provide needed services. Abuses documented included negligence, threats to patients about loss of services, and other forms of mistreatment. The segment was aired nationally on May 7, 1981.

General Public

Our study design called for three hundred respondents to be randomly assigned either to an experimental group or to a control group, 150 in each group. Respondents in the experimental group were to be asked to watch NBC News Magazine on May 7, while control subjects were to be asked to watch another program called "PM Magazine" which aired at the same time. The purpose of this request was to ensure that control subjects would not have the opportunity to view the target program.

To find respondents for the study, a pool of potential respondents was created by drawing numbers randomly from the phone directories of the Chicago Metropolitan Area. To ensure that unlisted telephone numbers were included, the last digit of each chosen number was replaced with a random digit. Within each home either the male or the female head of the household was interviewed. During the initial screening, respondents were first asked to agree to watch the program. If they agreed, they were interviewed. If they did not agree, they were asked several background questions and the interview was terminated. Of the 456 persons contacted, 141 persons refused to participate. Comparison of the refusals indicated that those refusing to agree to participate in the experimental and control programs were similar in sex, age, and education. All of those who agreed to watch their respective programs were also recontacted following the airing of the program. Of 300 who agreed to watch, 250 could be recontacted--128 in the experimental group and 122 in the control group. As before, those who could not be contacted in the experimental and control groups were similar demographically. The analysis to be described is based

upon the 250 panel respondents, i.e., those interviewed both pre and post treatment.

The topic of the program, as previously noted, was fraud and abuse in federally funded home health care programs. In both the pre and posttest interviews, respondents were asked several questions related to home health care programs in general and several questions concerning fraud and abuse in such programs. On the general level, respondents were asked about the importance of the problem of inadequate home health care, the importance of government help in funding home health care programs, and whether the government is currently spending enough to fund such programs. In the area of fraud and abuse, respondents were asked how much of a problem they thought fraud and abuse generally were in home health care programs and whether, if they or their family needed the services provided by home health care, they would have difficulty finding fraud-free service agencies.

Similar questions were asked concerning nursing home care. Although home health care and nursing home care are distinct, it was found that respondents did not distinguish between the two programs, rating them similarly on the items described and changing similarly on views about both programs. This occurred even though the program dealt only with abuses in the home health care program. For this reason responses to questions concerning home health care and nursing home care were examined separately as well as in combination in the analyses to be described.

In addition, the importance questions and the question on general levels of fraud and abuse were asked for issues irrelevant to the content of the treatment program, issues such as defense spending, the food stamp program,

etc. Change on these irrelevant issues is a second type of control to be used in understanding media impact.

Policy Makers

A purposive sample of 57 policy makers was interviewed in person approximately one week before the news report on fraud and abuse in home health care aired. Of those initial 57, it was possible to re-contact 51 for re-interviews one to two weeks after the program. The analyses to be described are based on these 51 policy makers who were interviewed both before and after the news media report. The policy makers were divided into two groups--(1) governmental elites (N=30) and (2) special interest elites (N=27). The governmental policy makers were top officials with the Chicago Mayor's Office of Senior Citizens, the Illinois Department of Aging, the Illinois Guardianship and Advocacy Commission, the Illinois Department of Public Aid, and Region V of the U. S. Department of Health and Human Services. They also included senators and representatives in the Illinois Legislature. The interest group policy makers were officers at a high level within the Gray Panthers, American Association of Retired Persons, (AARP), Illinois Health Care Association, Illinois Citizens for Better Care, Advocates for the Handicapped, and Metro Seniors in Action.

The pre survey was an in-person interview and took one to two hours, whereas the post survey was conducted by telephone and took only about 10 to 15 minutes. Different from members of the general public, the policy makers were not randomly assigned to conditions of viewing the NBC program versus the control program. First, it seemed inappropriate to request people at this level to view a television program. And second, it seemed to the researchers that if the news media has an effect on policy makers, it can have an effect in the absence of their actually seeing (or in the case of the print media, reading) the actual media report.

This is because most high level policy makers have staffs who provide them with written or verbal information about relevant information.

Of the 51 policy makers who were interviewed after the news media presentation, 26 either saw or heard about the presentation (the "exposed" group) and 25 did not hear about it ( e.g., the "not exposed" group). Within the governmental elites, 17 were exposed and 10 were not. In the interest group elites, 9 were exposed and 15 were not. In our analyses, we compare the group of policy makers exposed to the program to those not exposed to the program. To test whether the changes between the pretest and posttest were different for the exposed group from the non exposed group, we employed regression analyses using the reliability adjusted pretest as the covariate (Reichardt, 1979). There were a series of questions to measure the following key constructs: (1) perception of the importance of the issue under study; (2) perception of the public's view of the issue's importance; (3) belief that policy action is necessary to deal with the policy problem under study; (4) accuracy of the news media; (5) policy agenda (i.e., issues priorities); and (6) perception of the public's policy agenda.

## Impact of the News Media Report on the General Public

The major question addressed here is whether a) the "Home Health Hustle" influenced the policy agenda of members of the public by making the fraud and abuse in home health care a more important issue in their eyes than it had been before the program aired, and b) by causing them to shift their listing of issue priorities.

To determine the effect of the program we must first consider the rate of exposure to it. Of the 250 panel respondents 52% (i.e., 131) watched their

assigned program (59% of those in the experimental group; 45% in the control group). Of these 250 respondents, those assigned to the experimental group did not differ from those assigned to the control group on any of the variables we measured. However, since 59% of those in the erperimental group watched the assigned program, but only 45% of those in the control group watched their assigned show, the possibility exists that the two groups were not comparable in all ways because people in the experimental group were more likely to obey than those in the control group. Because all 250 respondents did not watch their assigned programs, any comparison of assigned groups would be a weak but technically unbiased test of the agenda setting hypothesis. A stronger test would compare only those who actually watched their assigned respective shows. But while this is a stronger way to conceptualize the treatment, it raises a greater risk of bias. Indeed, comparison of those who actually watched the two programs indicates that they were different in several ways. Those who watched the experimental program were older, more likely to be female and non-white, and less likely to be elderly or disabled than were those who watched the control program.

For the purposes of analysis the respondents were divided in two ways: by original assignment and by the program actually watched. The division by original assignment included all 250 panel respondents. While it is unbiased, it includes many non-viewers and, hence, might be expected to suggest weak program effects. The sample of 131 viewers, on the other hand, suffered from self-selection biases, but included only those who actually viewed their assigned programs.

Factor analysis of the items on the questionnaire, shown in Table 1, suggests that general items concerning the importance of home health care are related, while

general judgments about fraud and abuse and about the proper level of government spending are distinct both before and after the program.

[ Insert Table 1 about here ]

Tables 2 and 3 indicate mean beliefs about home health care within each experimental group prior to and following treatment. Table 2 shows change for all 250 respondents, while Table 3 shows change among the 131 respondents who actually viewed their assigned program. The results reported in both tables agree in suggesting that there are clear attitude changes related to the program. Those who saw the program subsequently rated home health care as a more important issue, rated government help for home health care as more important, and rated fraud and abuse in home health care as a larger problem. In each case the same beliefs do not change within the control group which watched an alternative program.

[ Insert Tables 2 and 3 about Here ]

While the significance tests reported in Tables 2 and 3 are appropriate in the case of the analysis by original assignment--where the groups do not differ demographically on the variables measured--a more appropriate analysis for watchers is a regression controlling upon possible background differences. Such a multiple regression analysis was performed and indicates substantially the same conclusion suggested by the t-tests presented. Similarly, while the analysis reported does not adjust for unreliability of measurement a true score ANCOVA was performed to make such an adjustment and yielded conclusions identical to those reported here.

One possible explanation for the effects found is pretest sensitization. By telling respondents to watch the program we may have alerted them to our

desire for change. This seems unlikely given the pattern of change observed and the fact that we did not specify any particular segment of the five on the program we asked them to watch. Further, although our respondents evidenced attitude change, they changed only on general judgments about home health care. There were no changes in judgments concerning personal difficulties in finding fraud-free services for oneself or one's family. While such a pattern of selective change would be predicted given knowledge of the nature of mass media effects, it is unlikely that respondents would realize that it would please the investigators for them to exhibit this particular pattern of change. If subjects were presenting answers they thought were desired, change would be expected on all questions related to home health care.

It is also important to note that there is some change in the scale composed of "irrelevant" items. While this change occurs in both the treatment and control groups, and thus seems unlikely to be related to the "Home Health Hustle", it is important to try to understand its origin. To understand change on the "irrelevant" issues about which our respondents were asked, we performed a content analysis of Chicago-area newspapers for the period between the pre and posttests. Coverage of the issues on the other issues scale was related to change in judged issue importance and it was found that change in the importance assigned to issues other than home health care and nursing home care was strongly related to media coverage of those issues. For other issues, therefore, the natural agenda-setting function of the media seemed to be occurring, shifting the importance of those issues somewhat over the course of time.

Summary

Overall the data strongly support the agenda-setting function of the media among members of the general public in terms of both issue importance and issue priorities. Using an experimental design built around a single media event it seems clear that media presentations influence general judgments of problem importance among the public. Various types of checks on methodological artifacts suggest that this finding is a true effect and is not due to problems in design or measurement.

## Impact of the News Media on Decision Makers

Five central questions were addressed in this phase of the research. The first was: Does the news media presentation influence decision makers' perceptions of the importance of the issue? The answer is clearly "yes" for the governmental policy makers and "no" for the interest group decision makers. Table 4 shows that governmental policy makers who saw or heard about ("exposed") the news media presentation were significantly ($p < .05$) more likely than their non-exposed colleagues to change their views on the seriousness of fraud and abuse in home health care. It is important to note that there was no significant change in the importance they attributed to fraud and abuse in other areas (food stamps, Medicare and Medicaid, and national defense). In contrast to the government elites, exposed and non-exposed interest group elites differed very little in how much they changed their perceptions of fraud and abuse as a problem in home health care.

[ Insert Table 4 Here ]

The second question to be addressed was: Does the news media presentation influence decision makers' perceptions of how the general public views the importance of the issue? Again the answer is different for governmental elites and interest group elites. Table 5 shows that governmental policy makers who were exposed to the media report changed their views on the public's attitude regarding fraud and abuse in home health care and nursing home care much more than those who were not exposed. However, again, exposed and non-exposed interest group decision makers did not significantly differ in the amount they changed.

[ Insert Table 5 Here ]

The third question was: Do the news media influence policy makers' beliefs that policy action is necessary? The relevant data are in Table 6. Governmental elites who were exposed to the news report on fraud and abuse in home health care were much more likely to advocate that there should be policy action related to correcting fraud and abuse than were their non-exposed colleagues. However there were few differences between the exposed and not exposed interest group elites.

[ Insert Table 6 Here ]

A fourth question asked whether policy elites' beliefs in the accuracy of the news media related to the degree of impact that the media had on them. We correlated each respondent's "accuracy score" with the pre - post survey change scores on the importance of the problem of fraud/abuse in home health care. For all 26 elites who were exposed to the media report, the correlation between change scores and accuracy scores was significant ($r = .37$, $p < .05$). For non exposed respondents, there was no relationship between their belief in the

accuracy of the media and their change scores. The same pattern emerged with the interest group elites and the governmental elites.

A fifth question examined how the views of policy makers compared to the views of the general public at the pre and post survey on the issue of fraud and abuse in home health care, nursing home care, Medicare/Medicaid, food stamps, and national defense spending. The results in Table 7 show there to be clear differences between elites and the general public. First, there was a much greater range or spread among the answers given by policy elites than by the general public. There was almost a ceiling effect in the answers given by the public--the public thought fraud and abuse in all areas was a problem and it didn't differentiate greatly between the various areas. On the other hand, policy elites expressed considerable differences. Second, although the exposed policy elites at pre and post survey increased their evaluation of the level at which they thought fraud and abuse was a problem in home health care, their priority ranking of the problem of fraud and abuse in home health care remained in the same position--last. In contrast, members of the general public who were exposed to the media presentation not only changed their assessment of the degree to which they thought fraud and abuse was a problem in home health care but also their priority ranking of it changed from being in fourth place to its being in second place.

[ Insert Table 7 Here ]

Summary

It can be seen that news media presentations do not influence all policy elites similarly. The particular news report studied here affected governmental elites but not interest group elites. It altered governmental policy elites' perception of the issue's importance, their belief that policy action was necessary, and their perception of the public's view of issue importance. However, regardless of these changes, the issue of fraud and abuse in home health care remained last on policy elites' issue priorities; whereas for the general public who were exposed to the media report, the issue went from four to two on their issue priority ranking. This is not surprising. Governmental policy elites are continually being barraged about important policy issues from various sources. They cannot change their priority rankings easily; an important question which we will address in future research is the conditions under which government policy elites do change their agenda priorities.

## Impact of the News Media Report on Policy

The classic "hypodermic" model of muckraking journalism would suggest that (1) journalists work on an investigation surrounded by as much secrecy as they can muster, (2) the investigative report then appears in print or is aired on television, (3) the public is aroused by the publication of the expose, and (4) pressures elected officials or relevant agency personnel to correct the problem disclosed, and (5) these decision makers respond to the public and work to change the relevant policies. Few would make the claim that the media ——→ policy change linkage really works in any such orderly, linear way. In fact, our analysis of the policy impact of this one particular investigative report suggests that the public was almost completely bypassed.

Our analysis of the linkage between developments in the media story and the public policy arena involved the use of a variety of analytic tools.

(1) extensive follow-up interviews with fourteen top public administrators and two legislative officials responsible for monitoring the home health care programs;

(2) legislative histories and analyses of budgetary, regulatory, and other "substantive" public policy developments;

(3) analyses of transcripts of hearings and other "symbolic" public policy developments; and

(4) analyses of media coverage of policy developments and follow-up interviews with journalists.

Here, we briefly summarize the findings from these analyses. Conventionally, journalists work on their stories on their own, always attempting to get as much information as possible from every imaginably relevant source, even going undercover in some cases. However, the investigative team working on the home health care story worked not only in the way described above but also worked collaboratively with U. S. Senate staff members.

Two months before the story aired, the investigators began meeting with officials of the U.S. Permanent Subcommittee on Investigations to plan a series of hearings on home health care fraud. The newly elected Republican leadership of the Subcommittee, headed by Senator William Roth (R., Delaware), wanted to utilize the news media report to draw public attention to the issue of fraud and abuse in governmental programs (Weiland, 1981). At the same time, the investigative news team was concerned with obtaining an official policy "reaction" to their story (Lyons, 1981a).

The resulting media-policymaker collaboration was manifested in several ways. First, the "Home Health Hustle" aired on May 7 concluded by announcing the forthcoming Senate hearings. Second, the day after the piece aired, Senator Roth issued a news release setting the hearing dates for May 13 and 14. The release specifically cited the work of the journalists and investigators in three places (Roth, 1981a). Third, some of the BGA investigators provided expert testimony at the hearings (Lyons, 1981a; Brunner, 1981; Manikas, 1981). Finally, during the hearings, several Senators credited NBC and the investigation team for their contributions (Roth, 1981; Percy, 1981). Senator Charles Percy (R., Illinois), a member of the Subcommittee, concluded his testimony by expressing "fullest confidence" in the investigative team, and added that "I applaud Senator Roth's initiative in securing their (i.e., the investigative team's) findings."

The hearings attracted attention across the country (U.S. Senate, 1981). This resulted from coverage of the hearings by newspapers and by wire services whose work was encouraged by the Subcommittee staff. Attention also resulted from a series of exclusive stories given to journalist Howard Kurtz of the Washington Star and New Republic.

As a result of these hearings, the Senate Permanent Investigations Subcommittee has urged new laws to curb abuse in the federally funded Home Health Care program, including recommending that (1) not-for-profit home health agencies should be required to subcontract only through competitive bidding, and (2) a new and better system of audits of home health agencies by the federal government should be established (U.S. Senate, 1981).

It is too soon to know, of course, whether or not these recommendations will be enacted. Despite the eventual outcome, however, it is clear that the

investigation stirred the policy waters considerably. However, it was not the airing of the investigative report that created the impact. Nor was it the members of the public who were so aroused over the expose that they pressured their representatives to act. Rather, it was the active collaboration between journalists and policy makers (i.e., high level Subcommittee staff members) in the ongoing process of the media investigation that created the policy outcome.

Thus, the home health care investigation serves as an example of what may be an evolving symbiotic relationship between journalists and policy makers. Journalists in search of story credibility and personal recognition (e.g., journalistic rewards related to the "achievements" of their work) may be increasingly building policy "solutions" into their stories, while government officials seeking to obtain media access may be increasingly willing to comply in an era of declining political party influence. The bypassing of the general public in the process has the potential of becoming an issue of substantive and political concern. Only examinations of the process as it relates to a range of issues and contexts will allow a more complete understanding of the strength and importance of the media-policy making link.

Despite the changes among the public and among certain policy makers, there appears to be no relationship between impact at these levels and impacts at the actual policy making level. What seems to have influenced the policy recommendations which came out of this case were not so much aroused members of the public but rather the active collaboration between the investigative journalists and officials of the U. S. Senate Permanent Subcommittee on Investigations. How frequent is such collaboration? If it is already widespread, or if it is growing, then this case study may alert us to a much more significant--

and possibly troublesome--agenda-setting role of the mass media than has previously been studied. The journalist and public official as Fact Finder, Presenter of "Reality", and Creator of Policy Result may be seen by some as inimical to the democratic process. Our research team intends to examine the "life courses" of several additional media investigations in order to assess these issues further.

Table 1

The Relationship Among Beliefs About Home Health Care

| | Pretest | | | Post-test | | |
|---|---|---|---|---|---|---|
| | F1 | F2 | F3 | F1 | F2 | F3 |
| Importance of dealing with problem | | | | | | |
| Home health care | .54 | .- | .- | .69 | .- | .- |
| Nursing home care | .39 | .- | .- | .68 | .- | .- |
| Importance of government help | | | | | | |
| Home health care | .62 | .- | .- | .69 | .- | .- |
| Nursing home care | .69 | .- | .- | .60 | .- | .- |
| Fraud-how much of a problem? | | | | | | |
| Home health care | .- | .85 | .- | .67 | .- | .- |
| Nursing home care | .- | .59 | .- | .67 | .- | .- |
| Is government spending enough? | | | | | | |
| Home health care | .62 | .- | .- | .- | .- | .99 |
| Nursing home care | .50 | .- | .- | .- | .- | .51 |
| Personal | | | | | | |
| Home health care | .- | .- | .47 | .- | .51 | .- |
| Nursing home care | .- | .- | .61 | .- | .98 | .- |
| % Variance | 26.1 | 10.0 | 6.3 | 19.9 | 12.6 | 21.6 |

NOTE: Varimax rotation utilized

Table 2

Mean Treatment Effects Among All Respondents (n=250)

| | Experimental Group | | Control Group | |
|---|---|---|---|---|
| | Pre | Post | Pre | Post |
| Importance of problem | | | | |
| Home health/nursing home | 3.39 | 3.52** | 3.38 | 3.36 |
| Other | 3.38 | 3.45* | 4.31 | 4.38* |
| Importance of government help | | | | |
| Home health/nursing home | 4.26 | 4.39** | 4.25 | 4.28 |
| Other | 4.22 | 4.26 | 4.13 | 4.17 |
| Fraud as a problem | | | | |
| Home health/nursing home | 3.18 | 3.37** | 3.17 | 3.24 |
| Other | 3.13 | 3.13 | 3.18 | 3.16 |
| Government spending | | | | |
| Home health/nursing home | 2.63 | 2.62 | 2.66 | 2.71 |
| Personal | | | | |
| Home health/nursing home | 2.97 | 3.11 | 3.06 | 3.25 |

NOTE: Asterisks index the significance of change from pre-test to post-test using a dependent t-test.

* $p<.05$.
** $p<.01$.
*** $p<.001$.

Table 3

Mean Treatment Effects Among those Watching
Their Assigned Programs (n=131)

| | Experimental Group | | Control 74 | |
|---|---|---|---|---|
| | Pre | Post | Pre | Post |
| Importance of Problem | | | | |
| Home health/nursing home | 3.40 | 3.67*** | 3.37 | 3.25 |
| Other | 3.36 | 3.49** | 3.19 | 3.29 |
| Importance of government help | | | | |
| Home health/nursing home | 4.24 | 4.44*** | 4.07 | 4.08 |
| Other | 4.23 | 4.26 | 4.00 | 4.00 |
| Fraud as a problem | | | | |
| Home health/nursing home | 3.23 | 3.52*** | 3.08 | 3.08 |
| Other | 3.07 | 3.23* | 3.10 | 3.10 |
| Government spending | | | | |
| Home health/nursing home | 2.40 | 2.43 | 2.53 | 2.53 |
| Personal | | | | |
| Home health/nursing home | 3.40 | 3.43 | 3.12 | 3.19 |

NOTE: Asterisks index the significance of change from pre-test to post-test using a dependent t-test.

* $p<.05$.
** $p<.01$.
*** $p<.001$.

Table 4

Policy Elites' View of Fraud and Abuse
Problems in Government Programs

A. Government Policy Elites (n=27)

| | Exposed (n=17) | | Not Exposed (n=10) | | (significance[1]) |
|---|---|---|---|---|---|
| | pretest | posttest | pretest | posttest | |
| Home Health Care | 3.294 | 2.823 | 3.500 | 3.625 | * |
| Nursing Home Care | 2.823 | 2.059 | 3.000 | 2.875 | |
| Combination HHC/NHC | 3.059 | 2.441 | 3.250 | 3.250 | * |
| Other Programs | 2.573 | 2.289 | 2.000 | 2.000 | |

B. Interest Group Elites (n=24)

| | Exposed (n=9) | | Not Exposed (n=15) | | (significance[1]) |
|---|---|---|---|---|---|
| | pretest | posttest | pretest | posttest | |
| Home Health Care | 3.333 | 2.889 | 3.454 | 2.636 | |
| Nursing Home Care | 2.778 | 2.556 | 2.143 | 2.429 | |
| Combination HHC/NHC | 3.056 | 2.722 | 2.909 | 2.545 | |
| Other Programs | 2.600 | 2.417 | 2.615 | 2.461 | |

[1] To test whether the changes between the pretest and posttest were different for the exposed group from the non exposed group, we used regression analyses employing the reliability adjusted pretest as the covariate (Reichardt, 1979).

Table 5

Policy Elites' View of the General Public's Attitudes about Fraud and Abuse Problems in Government Programs

A. Government Policy Elites (n=27)

| | Exposed (n=27) | | Not Exposed (n=10) | | |
|---|---|---|---|---|---|
| | pretest | posttest | pretest | posttest | (significance[1]) |
| Home Health Care | 3.333 | 2.867 | 3.800 | 3.900 | * |
| Nursing Home Care | 2.687 | 2.000 | 3.500 | 3.600 | * |
| Combined HHC/NHC | 2.967 | 2.433 | 3.650 | 3.750 | * |
| Other Programs | 2.238 | 2.143 | 2.143 | 2.190 | |

B. Interest Group Elites n=24)

| | Exposed | | Not Exposed | | |
|---|---|---|---|---|---|
| | pretest | posttest | pretest | posttest | (significance[1]) |
| Home Health Care | 3.556 | 3.444 | 3.667 | 3.583 | |
| Nursing Home Care | 2.778 | 2.444 | 3.071 | 2.714 | |
| Combined HHC/NHC | 3.167 | 2.944 | 3.333 | 3.167 | |
| Other Programs | 2.148 | 2.185 | 2.467 | 2.600 | |

[1] See note on preceding table.

Table 6

The Impact of the News Media on Policy Elites' Belief that Policy Action Is Necessary

A. All Elites (n=51) Crosstabulation of "Action" by "Exposure"

| | | Exposure | |
|---|---|---|---|
| | | Exposed | Not Exposed |
| Policy Action | More time | 84% | 56% |
| | Same time | 16% | 28% |
| | Less time | 0% | 16% |

$x^2=6.218$
$p=.0446$

B. Government Elites (n=27)

| | | Exposure | |
|---|---|---|---|
| | | Exposed | Not Exposed |
| Policy Action | More time | 81% | 30% |
| | Same time | 19% | 50% |
| | Less time | 0% | 20% |

$x=7.779$
$p=.0204$

C. Interest Group Elites (n=24)

| | | Exposure | |
|---|---|---|---|
| | | Exposed | Not Exposed |
| Policy Action | More time | 89% | 73% |
| | Same time | 11% | 13% |
| | Less time | 0% | 13% |

$x^2=1.394$
$p=.498$

Table 7

Comparison of Attitudes toward Fraud and Abuse in Five Areas:
Among Policy Elites and General Public

Elites

| | All Elites | | | | Interest Group Elites (N=24) | | | | Governmental Elites (N=27) | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Exposed (N=26) | | Not Exposed (N=25) | | Exposed (N=9) | | Not Exposed (N=15) | | Exposed (N=17) | | Not Exposed (N=10) | |
| | Pre | Post | Pre | Post | Pre | Post | Pre | Post | Pre | Post | Pre | Post |
| National Defense | (1) 1.88 | (1) 2.00 | (1) 1.54 | (1) 1.91 | (1) 1.44 | (1) 2.00 | (1) 1.60 | (1) 1.85 | (2) 2.12 | (1) 2.00 | (1) 1.44 | (1) 2.00 |
| Medicare/Medicaid | (2) 1.92 | (2) 2.15 | (2) 2.04 | (2) 2.30 | (2) 1.78 | (2) 2.00 | (2) 2.07 | (2) 2.33 | (1) 2.00 | (3) 2.24 | (2) 2.00 | (2) 2.25 |
| Food Stamp | (3) 2.42 | (4) 2.68 | (4) 3.12 | (4) 2.92 | (4) 3.22 | (4) 2.89 | (4) 3.20 | (5) 3.13 | (3) 2.76 | (4) 2.56 | (3) 3.00 | (3) 2.56 |
| N. H. C. | (4) 2.81 | (3) 2.23 | (3) 2.56 | (3) 2.59 | (3) 2.78 | (3) 2.56 | (3) 2.27 | (3) 2.43 | (4) 2.82 | (2) 2.06 | (4) 3.00 | (4) 2.88 |
| H. H. C. | (5) 3.31 | (5) 2.85 | (5) 3.38 | (5) 3.05 | (5) 3.33 | (5) 2.89 | (5) 3.47 | (4) 2.64 | (5) 3.29 | (5) 2.82 | (5) 3.22 | (5) 3.62 |

Public

| | All Respondents | | | | Respondents Who Watched | | | |
|---|---|---|---|---|---|---|---|---|
| | Treatment Group | | Control Group | | Treatment | | Central | |
| | Pre | Post | Pre | Post | Pre | Post | Pre | Post |
| Medicare/Medicaid | (1) 1.68 | (1) 1.60 | (1) 1.56 | (3) 1.67 | (3) 1.79 | (4) 1.60 | (1) 1.56 | (1) 1.61 |
| Food Stamps | (2) 1.74 | (4) 1.69 | (2) 1.58 | (1) 1.59 | (1) 1.75 | (3) 1.59 | (2) 1.68 | (2) 1.69 |
| N. H. C. | (3) 1.81 | (3) 1.66 | (3) 1.81 | (2) 1.64 | (2) 1.76 | (2) 1.48 | (3) 1.89 | (3) 1.83 |
| H. H. C. | (4) 1.84 | (2) 1.63 | (4) 1.81 | (4) 1.85 | (4) 1.81 | (1) 1.47 | (4) 1.92 | (5) 2.02 |
| National Defense | (5) 1.85 | (5) 1.97 | (5) 1.94 | (5) 1.87 | (5) 1.93 | (5) 1.90 | (5) 2.06 | (4) 1.85 |

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